$61.25

FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

FLORIDA PROFIT CORPORATION ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

AMENDED
7/13/98
98 AUG 10 AM 11:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000044122 (5)

1. Corporation Name
GRANDE ISLAND VACATIONS - SANIBEL, INC.

Principal Place of Business	Mailing Address
1630 PERIWINKLE WAY #C SANIBEL FL 33957	1630 PERIWINKLE WAY #C SANIBEL FL 33957

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/23/1996

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24): Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29): Country (30)

4. FEI Number: 65-0671883 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

GOOD, JOAN M
1630 PERIWINKLE WAY #C
SANIBEL FL 33957

10. Name and Address of New Registered Agent

81 Name: Scott D. Peterson
82 Street Address (P.O. Box Number is Not Acceptable): 1630 Periwinkle Way #C
83: Sanibel, FL 33957
84 City: FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Scott Peterson — 7/17/98 (DATE)
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☒ DELETE	1.1 TITLE	P/D	☒ Change ☐ Addition
NAME	GOOD, JOAN M		1.2 NAME	Hanna, Joseph R	
STREET ADDRESS	1630 PERIWINKLE WAY #C		1.3 STREET ADDRESS	1630 Periwinkle Way #C	
CITY-ST-ZIP	SANIBEL FL 33957		1.4 CITY-ST-ZIP	Sanibel, FL 33957	
TITLE	D	☐ DELETE	2.1 TITLE	S/T	☐ Change ☒ Addition
NAME	HANNA, JOSEPH R		2.2 NAME	Peterson, Scott D.	
STREET ADDRESS	1630 PERIWINKLE WAY #C		2.3 STREET ADDRESS	1630 Periwinkle Way #C	
CITY-ST-ZIP	SANIBEL FL 33957		2.4 CITY-ST-ZIP	Sanibel, FL 33957	
TITLE		☐ DELETE	3.1 TITLE	VP	☐ Change ☒ Addition
NAME			3.2 NAME	Persons, Lisa A	
STREET ADDRESS			3.3 STREET ADDRESS	1630 Periwinkle Way #C	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	Sanibel, FL 33957	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME	300002616279--3	
STREET ADDRESS			4.3 STREET ADDRESS	-08/14/98--01053--005	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	*****61.25 *****61.25	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

B 95M 8/4

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Scott Peterson — 7/17/98 — 941-472-5322